

2025-2026 New Morning Registration and Emergency Information

This form must be completed for each of your children who will be enrolled in the program and must be updated whenever information changes. A new form must be completed annually.

Date of enrollment: _____
(First day at program)

CHILD'S SCHOOL: _____
Has your family used New Morning programs in the past? Yes () No ()

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____

2025-2026

BOY() GIRL() GRADE: _____

☐ I have read and understand the Parent Handbook.
My child and I agree to abide by all New Morning policies.

Please list all parents or guardians who are financially or legally responsible for this child. Include any information that is different from the above.

Relationship to the child:

() MOM () Grandparent () Other _____
() Authorized to Pick up () Emergency Contact

NAME: _____

ADDRESS: _____
(If different from above)

EMAIL: _____

CELL PHONE: _____

WORK: _____ HOME: _____

Relationship to the child:

() DAD () Grandparent () Other _____
() Authorized to Pick up () Emergency Contact

NAME: _____

ADDRESS: _____
(If different from above)

EMAIL: _____

CELL PHONE: _____

WORK: _____ HOME: _____

Special instructions on how to contact parent/guardian during program hours:

EMERGENCY CONTACT PERSON(S): You are required to list at least one other person who lives nearby and could assume responsibility for your child if you could not be reached immediately in an emergency.

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

ALTERNATE PICK-UP PERSONS: The people listed below are authorized to pick up _____
from the program with no verbal or written communication from me. Date Last Updated: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

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RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

Child's Name: _____	School: _____
MEDICAL INFORMATION: Child's Usual Physician: _____ Phone number: _____ Physicians Address: _____ <p style="text-align: center;">Parents/guardians, please submit a complete health physical and list of immunizations separately. Forms may be emailed to admin@newmorningschools.com or faxed to 603-626-5377.</p>	
List any chronic conditions, allergies or medications that could be important in case of sudden illness or injury: Chronic conditions: _____ Medication: _____ Chronic conditions: _____ Medication: _____ Allergy: _____ Medication: _____ Allergy: _____ Medication: _____ Additional information that will be helpful for program staff: _____ _____ _____	
Does your child receive any additional support or services during the school day? __Yes __No If yes, Please explain. _____ _____	
If your child requires any medication, we must have the following in our possession BEFORE your child's first day of attendance. Please place all contents in a zip-lock bag. Please initial to indicate you have included the following: _____ The medication in its original container _____ Medication orders from your child's doctor (Allergy Action Plan) _____ "Authorization to Administer Medication" form signed by a parent or guardian _____ A photo of your child	
EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I hereby give permission for the staff of New Morning to provide simple first-aid treatment to my child, _____, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary. I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by childcare program personnel as soon as possible regarding any emergency involving my child.	
PARENT / GUARDIAN SIGNATURE: _____	DATE: _____
Reminder - Please attach a copy of your child's most recent Health Form with Immunizations.	
To complete your child's registration, you must also submit the following. <ul style="list-style-type: none"> <input type="checkbox"/> A Registration Form for each child being enrolled. <input type="checkbox"/> A Family Billing Form from each family or from each co-parent requiring a separate payment account <input type="checkbox"/> A Tuition Agreement for each program your child will attend (After School, Camp, etc.) <input type="checkbox"/> A Schedule for each program your child will attend. <input type="checkbox"/> A check or other form of payment in the amount of your child's required deposit. <input type="checkbox"/> A medical form with immunizations from your child's most recent physical. <p>Your child's complete registration packet must be submitted at least two full weeks before your child's first day of attendance. For your child's safety, registration packets must be submitted to our business office, not to your child's school or directly to the program.</p> <p>Registration packets may be:</p> <p style="padding-left: 40px;">Scanned and emailed to us at admin@newmorningschools.com</p> <p style="padding-left: 40px;">Faxed to us at 603-626-5377</p> <p style="padding-left: 40px;">Dropped off at our business location in Bedford</p>	

Child's Name: _____

Occasionally, staff may want to use a photo of your child to decorate our bulletin board, to add a personal touch to your child's project, to promote our programs, or to electronically share with you an image of your child creating, playing, and having a great time at the program.

Please indicate with your initials if you give permission to have your child photographed for these purposes.

- ☐ ____ I give permission to have my child photographed for project and display purposes, for promotional purposes, including online, and to have my child's image transmitted to me electronically.
- ☐ ____ I do not give permission to have my child photographed.

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the Bureau of Licensing and Certification, childcare licensing unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location that is accessible to parents and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available online at: https://nhpublichealth.force.com/nhccis/NH_ChildCareSearch or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff, the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

Please indicate whether licensing staff may speak with your child while they are with their class or group:

- ☐ I give permission for childcare licensing staff to speak with my child while with their class or group.
- ☐ I do not give my permission for childcare licensing staff to speak with my child while with their class or group.

If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- ☐ I give permission for childcare licensing staff to interview my child at the childcare program separate from their class or group
- ☐ I wish to be notified prior to childcare licensing staff interviewing my child at the childcare program separate from their class or group
- ☐ I do not give my permission for childcare licensing staff to interview my child at the childcare program separate from their class or group

Parent/Guardian Signature: _____ Date: _____



New Morning Schools, LLC
www.newmorningschools.com

23 Back River Rd Bedford, NH 03110
Office: 603 669-3591 Fax: 603 626-5377
admin@newmorningschools.com

2025-2026 New Morning Schools Family Billing and Payment Information

CHILD'S NAME:

School(s):

Please list all siblings attending New Morning programs. Only one billing form is required per family account.

PAYMENT AND BILLING:

We offer two options for paying for your child's before and after-school care; you may pay weekly by cash, check or credit card; or auto-pay using Tuition Express. All other programs require Tuition Express.

PLEASE SEE THE PROGRAM'S TUITION POLICY FOR PRICING AND PAYMENT DETAILS

Please select one:

- ☐ **Payment by Cash or Check Weekly (only available for school-age before and after-school care)**
Please make checks payable to New Morning Schools, 23 Back River Rd, Bedford, NH 03110. You will receive a receipt for cash payments. Call our office at 603-669-3591 if you would like to pay by credit card.
- ☐ **Auto-Payment Weekly-Tuesday processing (Required for Preschool, IMAGINE Programs, and Camp)**
Please fill out either the Credit Card or EFT section on the back of this form. Tuition fees will be charged to your credit card, or deducted from your checking account, automatically unless an alternative payment has been made by the scheduled billing date. Statements are sent weekly via e-mail.

Please see our complete Payment Policy on our website: www.newmorningschools.com

We do accept state scholarship payments, but you are responsible for all fees until state payments are received. We have no control over the payment amounts and cannot bill the scholarship program until we receive all required paperwork. Please see your case worker with any questions.

Please list all parents or guardians who are financially responsible for the children.

NAME: _____

ADDRESS: _____

CELL PHONE: _____

Work: _____ Home: _____

Email: _____

Relationship to the child:
() Parent () Stepparent () Other _____

Responsible for _____% of the bill.

We can only split payments by percentage.
Both co-parents are required to use Tuition Express.

NAME: _____

ADDRESS: _____

CELL PHONE: _____

Work: _____ Home: _____

Email: _____

Relationship to the child:
() Parent () Stepparent () Other _____

Responsible for _____% of the bill.

We can only split payments by percentage.
Both co-parents are required to use Tuition Express.

We are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be processed safely and securely. Visit www.tuitionexpress.com for more information.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize New Morning Schools, LLC (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is

between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of

this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

Cardholder Name	Phone #	Credit Card Number
Cardholder Billing Address		Expiration Date
City	State	Zip
Cardholder Signature		Date

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize New Morning Schools, LLC (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address		Bank or Credit Union Address
City	State	Zip
City	State	Zip
Routing Transit Number		Account Number
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature

Date

Please attach a copy of a voided check here. Deposit slips not accepted.



Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

Rev. 06/2011

Routing Transit # Account # Check#



2025-2026 School Age Tuition Agreement

- This agreement applies to New Morning school age programs located at your child's school.
- Please let us know your child's schedule as soon as possible. Daily changes to your child's schedule may be called in or texted to the site's cell phone. We ask that changes to weekly schedules be given to the site director in writing. Please also remember to inform your child's school of the change. **If you do not tell your child's school of the change, and they are sent to our program, you will be charged for the day.**
- A non-refundable registration fee is due upon registration. The fee will be waived for subsequent school years if re-registration is completed by June 30th of each year. If you have auto-payment set up, we will process payment on our next regular billing day.
- Rates are subject to change at any time. See below for current registration fee amounts.
- For programs at your child's school, we only charge for the days your child attends. Your child's weekly attendance will be posted to your ledger with Friday's date.
- Statements are emailed each Monday afternoon. Please ensure that we have a working email address.
- We offer the flexibility of weekly or bi-weekly payments. Bi-weekly payments require a Tuition Express account for auto payment and must be arranged in advance with the business office. There is no auto payment discount.
- Weekly auto-payments are processed on the Tuesday following your child's attendance.
- Unless you have autopay set up for Tuesday processing, payments are due by Friday for your child's attendance that week. A \$10 late fee will be assessed each Wednesday if full payment has not been received. We accept cash and checks at our program sites, or credit card payments may be called into our office at 603-669-3591. It is your responsibility to calculate the amount due.
- We offer a discount for auto-payment for Tuesday processing only. If auto-payment charges are declined, your auto-pay discounts will be removed, and a \$25 decline fee will be charged. There is a \$30 fee for returned checks. Please call with alternate payment arrangements if you anticipate a payment issue. Autopay discounts will be removed if alternate payment is necessary. We accept tuition pre-payment and alternate payment schedules, but no discount will be given.
- If you are eligible for state assistance, you must arrange for your child to be linked to New Morning. We do not submit paperwork on your behalf. Full weekly payment, including the required registration fee, is due before the child's first day of attendance. Weekly alternate billing paperwork must be signed each day your child attends. State scholarship payments will appear as a credit on your account after funds are received.
- Please pick up your child on time. A \$2.00 per minute late fee will be added after the program's close time.
- We reserve the right to prohibit your child from our program for non-payment of fees, repeated late pickups, or child or parent behavior that causes a safety concern or disruption of the program.
- If school is delayed due to emergency or inclement weather, there will be no before school program.
- If school is released early due to emergency or inclement weather, there will be no after school program.
- If school is closed due to emergency or inclement weather, there will be no before or after school program.

I have read the above tuition agreement and understand it is my responsibility to comply with the items listed.

Parent/Guardian Signature

Please Print Child's Name

Date

School Age Rates - subject to change

Daily Rates	Before School	After School	Both Programs
Base Charge	\$ 10.00	\$ 20.00	\$ 30.00
Auto-Pay Discount-Only available with Tuesday processing	\$ 1.00	\$ 2.00	\$ 3.00

We require payment of a non-refundable registration fee upon enrollment. If your returning child is re-registered for the next school year by June 30th, no additional registration fee will be charged for subsequent school years. Registration fees are non-refundable and are charged for each child individually. If you have auto-payment set up, we will process payment on our next regular billing day.

If your Child Attends	Registration Fee
Before and/or After School at:	
	Per Child \$ 110.00
Auburn Village, Candia Henry Moore Hooksett Underhill/Memorial Manchester Northwest, Parker-Varney or Smyth Rd School Weare Center Woods Lower Elementary	

If your Child Attends	Registration Fee
After School Only at:	
	Per Child \$ 80.00
Bedford McKelvie, Memorial, Peter Woodbury or Riddle Brook Schools Dunbarton Elementary Manchester McDonough	

If your Child Attends	Registration Fee
Before School Only at:	
	Per Child \$ 30.00
Milford Jacques Memorial or Heron Pond	



Emergency Text Message Contact Information

We will be using our Procure billing software to send out a mass text message in the event of an unexpected closure or emergency. The software requires your cell phone provider info. We want to be able to reach all families in a timely manner, should the need arise.

Child's Name: _____

Parent 1:

Name: _____

Cell Phone Number: _____

Cell Phone Provider: _____

Parent 2:

Name: _____

Cell Phone Number: _____

Cell Phone Provider: _____



New Morning 2025-2026 After School Schedule

Child's School: _____

It is very important that we know who to expect after school each day, especially on the first few days of school. Until routines are established, it can be very overwhelming for the children. We have created this scheduling page to clarify your plans for your child. Feel free to make a copy for your child's teacher, to ensure that all the adults responsible for your child are aware of your plans. Thank you!

Child's Name: _____

Parent's Name: _____ Date: _____

Please let us know your child's regular after school schedule by circling the days we should expect them every week:

M Tu W Th F ☐ Will Call

- ☐ My child will **ONLY** attend the before school program
- ☐ The above schedule is effective beginning on the first day of school
- ☐ The above schedule is effective beginning on ____/____/_2025_
- ☐ My child will remain on a "Will Call" schedule. I understand that I am responsible for letting both New Morning and my child's school know what days my child will attend.

This schedule will be communicated to the program staff after August 15th. If any changes need to be made **before** August 15th, please submit a new form to our business office. Scan and email to admin@newmorningschools.com; fax it to us at 626-5377; or mail it to us at 23 Back River Rd, Bedford, NH 03110.